



GAS CLEANING EQUIPMENT PERMIT APPLICATION

North Dakota Department of Health

Division of Air Quality

SFN 8532 (12-05) (AP-109)

NOTE: Please read instructions before completing this form.

APPLICANT

Name of Firm/Organization		Application Date
Name of Person Submitting Application	Title	Telephone Number
Plant Location		Source ID No. (AP-100)

EQUIPMENT

Type	<input type="checkbox"/> Cyclone	<input type="checkbox"/> Multiclone	<input type="checkbox"/> Baghouse	<input type="checkbox"/> Electrostatic Precipitator	<input type="checkbox"/> Wet Scrubber	<input type="checkbox"/> Spray Dryer
<input type="checkbox"/> Other (Describe)						
Name of Manufacturer		Model Number		Date To Be Installed		
Application						
<input type="checkbox"/> Boiler						
<input type="checkbox"/> Kiln						
<input type="checkbox"/> Other (Specify):						
Pollutants Removed						
Design Efficiency		%	%	%	%	%
Operating Efficiency		%	%	%	%	%
Describe Method Used to Determine Operating Efficiency:						

GAS CONDITIONS			INLET	OUTLET
Gas Volume (SCFM 68°F., 14.7 psia)				
Gas Temperature (°F.)				
Gas Pressure (in. H ₂ O)				
Gas Velocity (ft/sec)				
Pollutant Concentration (Specify Pollutant and Unit of Concentration)	Pollutant	Unit of Concentration		
Pressure Drop Through Gas Cleaning Device		(in. H ₂ O)		

Signature of Applicant X	Date
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INSTRUCTIONS

Print or Type.

Complete this form for each piece of equipment or process, which has gas cleaning equipment installed, described in the following Permit Applications: Fuel Burning Equipment Used for Indirect Heating; Manufacturing or Processing Equipment; Incinerators; Grain, Feed and Fertilizer Operations; Asphalt Concrete Plants, Concrete Batch Plants and Cement Handling Equipment; and Rock, Gravel and Sand Plant.

Type of Equipment - If the type is not one of those listed, provide enough information so the operating principal of the equipment can be determined.

List each pollutant which the device is intended to control, the efficiency of removal intended by the designer, and the actual efficiency under operating conditions.

Please attach the following:

1. A brief description and sketch of the gas cleaning device if it is of unusual design, or used in conjunction with other control devices. Show any bypass of the device and specify the conditions under which the bypass is used.
2. A description of what is done with collected air contaminants from the time they are collected until they reach the final disposal point. Include a description of the transportation methods used.
3. If a stack test has been conducted, attach a copy of the results, date of the test, a description of the techniques used, and the name and address of the organization which performed the test.

SUBMIT YOUR APPLICATION WITH ALL SUPPORTING DOCUMENTS, ALONG WITH THE FORMS SPECIFIED IN THE FIRST PARAGRAPH ABOVE, TO:

North Dakota Department of Health
Division of Air Quality
918 E Divide, 2nd Floor
Bismarck, ND 58501-1947

Telephone: (701)328-5188